

Putting Our Knowledge into Practice: Taking Action on the Social Determinants of Health

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Presentation on WHO Commission on SDOH: Current and Future Roles for Public Health Practitioners in Promoting Healthy Public Policy October 25, 2006

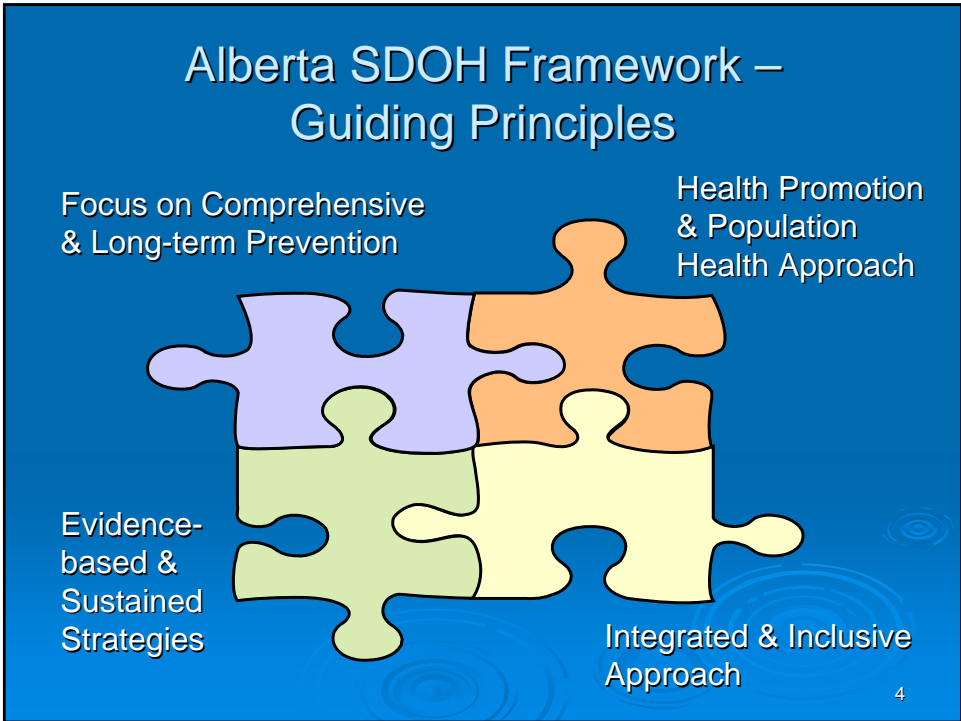
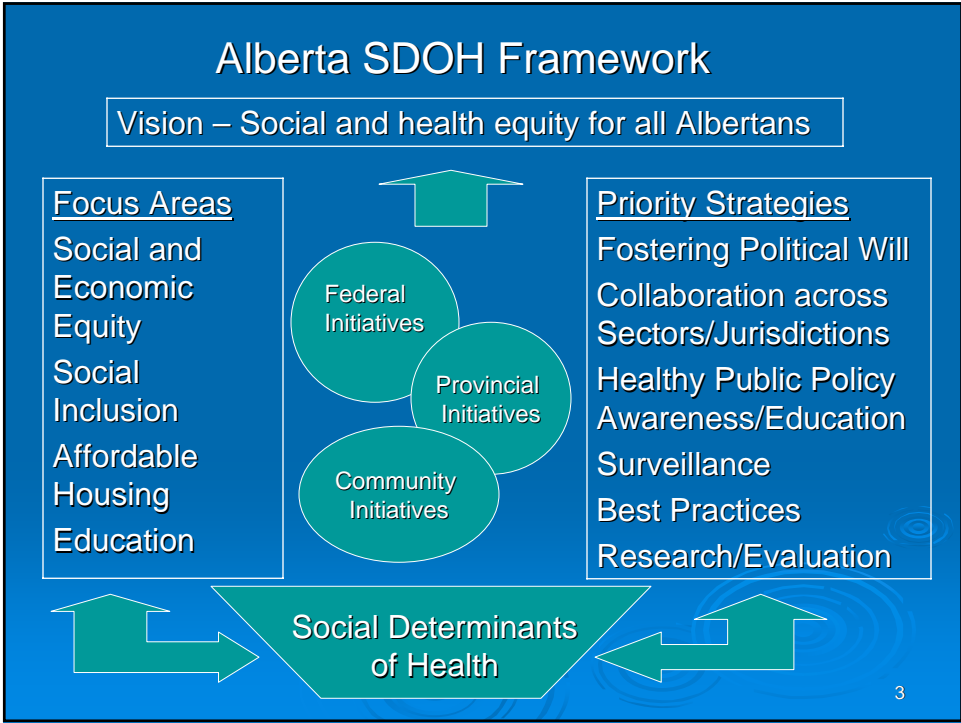
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Presentation to Alberta government on SDOH Framework

- Presentation to Standing Policy Committee on Health and Community Living (Sept. 2005)
- Discussion paper *Creating Social and Health Equity: Adopting an Alberta SDOH Framework* (included on WHO Commission on SDOH Resources webpage)
- Outlines pathways for integrating SDOH into our health care system, leading to significant health care reform
- Shifts emphasis and resources from an illness-based health care system to a wellness-based system that focuses on preventing illness and chronic disease by addressing SDOH

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Cette présentation a été effectuée le 25 octobre 2006, au cours du Symposium "La Charte d'Ottawa pour la promotion de la santé est-elle toujours utile pour la pratique de la santé publique d'aujourd'hui ?" dans le cadre des Journées annuelles de santé publique (JASP) 2006. L'ensemble des présentations est disponible sur le site Web des JASP, à l'adresse <http://www.inspq.qc.ca/jasp>.



Capacity of Regional Health Authorities (RHAs) to address SDOH

- Alberta Heart Health Project's 2003 survey of RHA Board members, senior managers and front line service providers (144 respondents)
- **Little to some knowledge** of SDOH (2.97/5)
- **Moderate beliefs** that RHAs should address SDOH (3.87/5)
- **Moderate capability** to address SDOH (3.28/5)
- **Level of involvement is seldom** (2.5/5)
- There are gaps between will, infrastructure and leadership for addressing SDOH

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The Challenge of Building Capacity

What is Capacity?

Capability of an organization to promote health is formed by its **will to act**, **infrastructure** and **leadership** to drive organizational change.

- **Will to act**
 - Core beliefs and mandates
 - Confidence in ability to do health promotion
 - Prior experience in health promotion activities
 - Desire to do health promotion
 - Planning to do health promotion

Singapore Declaration on Heart Health (1998); AHHP(2003)

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The Challenge of Building Capacity (2)

➤ Infrastructure

- Vision, values and policies
- Human and financial resources for health promotion
- Support mechanisms
- Processes for health promotion (assessment, planning, implementation and evaluation)

➤ Leadership

- Health promotion champions
- Organizational climate including: reflective practices, learning, professional development, and decision latitude
- Engaging the community, other stakeholders

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Health sector's three key roles

- Leader – Sometimes direct leadership role in addressing health needs of certain populations and as a large employer
- Influencer – Influential catalyst, advocate, mediator and collaborator in convincing other sectors to develop public policies and assign public resources to SDOH
- Communicator and knowledge broker – Communicate with public and decision-makers about the impact of policies on SDOH; build our understanding about mechanisms for reducing disparities

Raphael (2003)

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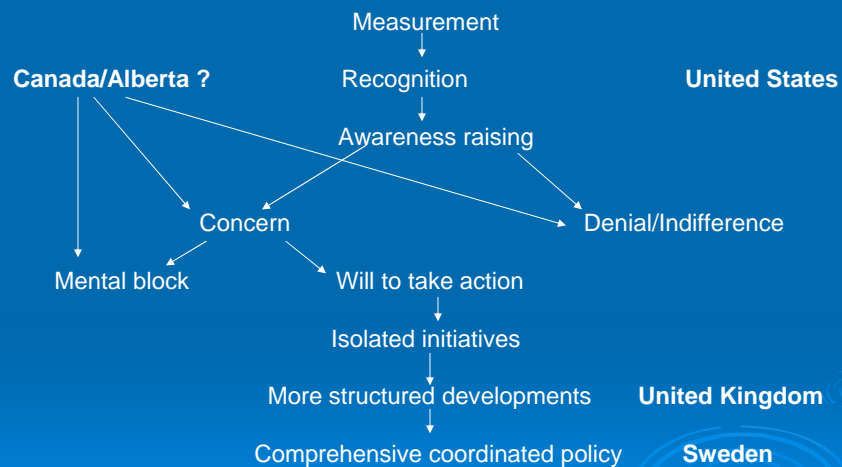
Health sector (largely) reluctant to champion SDOH

- Despite clear evidence that SDOH negatively affect health, the health sector is largely reluctant to champion policies that improve social conditions
- Areas of social and economic policy largely fall outside health department's jurisdiction
- Generally, reluctance to "step on toes", explore ways of collaborating across sectors

Raphael (2003)

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Canada's (In)Action on SDOH



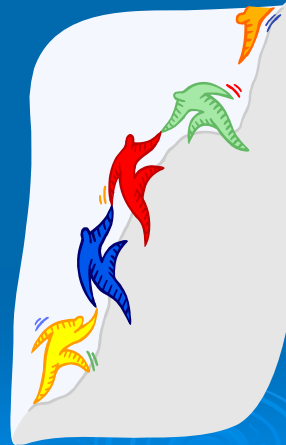
Whitehead (1998), Raphael (2005), ESPC (2005)

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Perceived barriers to taking action on SDOH

- Health practitioners may believe they lack the required knowledge and skills
- Have little time and few resources to divert from core services and programs
- May experience negative repercussions in the workplace
- Uncertain support from senior management, RHA boards

Williamson (2001)



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Personal/Professional Shifts – Building blocks of taking action on SDOH

- Alliances – Work in collaboration with other sectors
- Research – Secure local/national data to support policies and programs
- Public education – Share knowledge, recruit community supporters
- Advocacy – Voice support for evidence-based policies and programs
- Evaluate – Monitor, evaluate and make changes as necessary

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Institutional Shifts – Broadening the health system mandate

- Key influences on health originate outside traditional health care system
- Allocating over 90% of funding to traditional health care system won't significantly improve the health of all Albertans
- Effectively addressing SDOH essential to improving the health of all Albertans
- Expand mandate of Alberta Health & Wellness and regional health authorities to include reducing inequities by addressing the social and economic factors that significantly influence everyone's health